

TULIP

SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

1. Name of Applicant/Named Insureds: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No. (____) _____ Fax No. (____) _____

4. Describe Event: _____

5. Location of Event: (Full Address) _____

6. Effective Date: _____ Time: _____ A.M. _____ P.M.
Expiry Date: _____ Time: _____ A.M. _____ P.M.

7. Please provide the following information about Daily Activities and Estimated Attendance

	<u>Main Activity</u>	<u>Attendance</u>	Estimate <u>Other Activities</u>	<u>Attendance</u>	Total
Day 1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

8. Estimated Gross Revenue: _____

9. Will there be music played at the event: _____
If Live band please provide name and type of music: _____

10. Who is providing food and/or drink or other. (Name) _____

11. If Products coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession _____

12. If other than the Applicant, is a Certificate of Insurance provided? Yes _____ No _____
Name of Insurer _____

13. Will there be alcohol served at any of the activities? Yes _____ No _____
****If yes, then please fill out our Host Liquor Supplement****
14. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. _____
15. What is your experience producing this type of event. _____

16. Are there any activities involving trampolines and/ or inflatable jumping pillows: ___ Yes ___ NO if yes please explain: _____
17. Will there be any overnight camping? ___ Yes ___ No If yes: How long: _____
18. Will any grandstands or bleachers be used? Yes _____ No _____
If yes, confirm the construction. _____

- Capacity _____ General Condition _____
19. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.

20. General Comments _____

21. Has any company declined or cancelled any coverage? Yes _____ No _____
If so, please provide detail. _____

22. Previous Carrier _____
Premium _____
23. Limits Requested: (check one) 1 Million 2 Million 5 Million Other: _____
24. Loss History _____

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

Applicants Signature: _____ Position: _____

Please Print Name _____ Date: _____

HOST LIQUOR SUPPLEMENTAL APPLICATION TO SPECIAL EVENT LIABILITY

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds: _____
2. Type of Host Liquor function _____
3. Name and Address of Permit Holder (Insured) _____

4. Liquor License Board Permit No. and Capacity applied for (# of patrons): _____
5. From - Date: _____ Time: _____ A.M. P.M.
To - Date: _____ Time: _____ A.M. P.M.
6. Number of people at Host Liquor function _____
7. Location of Host Liquor function _____
8. Estimated liquor sales: _____
9. Limit of Host Liquor Liability (Check One): 1 Million 2 Million
10. Who is designated to handle the following:
 - (A) Impaired patrons who arrive at your function _____
 - (B) Patrons who have become visibly impaired at your function _____
 - (C) Patrons who fight _____
 - (D) Patrons who become disruptive and abusive _____
 - (E) Patrons who are obviously impaired who leave your function (Alone) _____
11. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. _____

****PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING**